

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code Section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 60 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Governor's Office

Name of Department or Office
1007 E. Grand

Des Moines, Iowa 50319

Mailing Address
515/281-5211

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hardt

Name

Mailing Address (if different from above)

kristin.hardt@iowa.gov

City, State, Zip (if different from above)

515/281-3502

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Iowa Workers' Compensation Advisory Committee, Inc.

Name

P.O. Box 7032

Des Moines, IA 50309

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

4/16/09

\$ 3,376.06

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Gift from the Iowa Workers' Compensation Advisory Committee, Inc. in the estimated amount of \$3,376.06. This gift is to be used to cover the travel expenses of two Iowa Workforce Development employees to attend a conference regarding the International Association of Industrial Accident Boards and Commissions in Baltimore, Maryland.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hardt affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.



Signature

April 16, 2009

Date